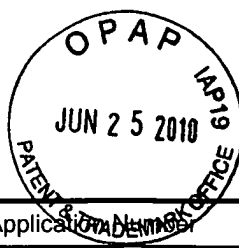


Please type a plus sign (+) inside this box → +



HDP/SB/21 based on PTO/SB/21 (08-00)

IFW AF ✓

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/591,174
Filing Date	August 30, 2006
Inventor(s)	Jan GUNZINGER et al.
Group Art Unit	1625
Examiner Name	Zinna Northington Davis
Attorney Docket Number	6170-000010/US

## ENCLOSURES (check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)<br><br><input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|--|--|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	John A. Castellano	Reg. No.	35,094
Signature					
Date	June 25, 2010				

927558.1

# FEE TRANSMITTAL for FY 2009

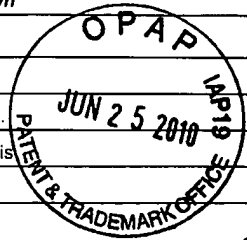
Effective 2/8/2006. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 555

Complete if Known

Application Number 10/591,174  
Filing Date August 30, 2006  
First Named Inventor Jan GUNZINGER et al.  
Examiner Name Zinna Northington Davis  
Art Unit 1625  
Attorney Docket No. 6170-000010/US



## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey & Pierce, P.L.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1011	330	2011	165	Utility filing fee	
1012	220	2012	110	Design filing fee	
1013	220	2013	110	Plant filing fee	
1014	330	2014	165	Reissue filing fee	
1005	220	2005	110	Provisional filing fee	
SUBTOTAL (1)					(\$) 0

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
21	-22 ** = 0	X	= 0
Independent Claims	1	-3 ** = 0	X
Multiple Dependent			= 0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	52	2202	26	Claims in excess of 20	
1201	220	2201	110	Independent claims in excess of 3	
1203	390	2203	195	Multiple dependent claim, if not paid	
1204	220	2204	110	** Reissue independent claims over original patent	
1205	52	2205	26	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 0

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	130	2251	65	Extension for reply within first month	
1252	490	2252	245	Extension for reply within second month	
1253	1,110	2253	555	Extension for reply within third month	555
1254	1,730	2254	865	Extension for reply within fourth month	
1255	2,350	2255	1,175	Extension for reply within fifth month	
1401	540	2401	270	Notice of Appeal	
1402	540	2402	270	Filing a brief in support of an appeal	
1403	1,080	2403	540	Request for oral hearing	
1452	540	2452	270	Petition to revive - unavoidable	
1453	1,620	2453	810	Petition to revive - unintentional	
1462	400	1462	400	Petition fee under 37 CFR 1.17(f)	
1463	200	1463	200	Petition fee under 37 CFR 1.17(g)	
1464	130	1464	130	Petition fee under 37 CFR 1.17(h)	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	810	2809	405	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$555)

### 4. SEARCH/EXAMINATION FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1111	540	2111	270	Utility Search Fee	
1112	100	2112	50	Design Search Fee	
1113	330	2113	165	Plant Search Fee	
1114	540	2114	270	Reissue Search Fee	
1311	220	2311	110	Utility Examination Fee	
1312	140	2312	70	Design Examination Fee	
1313	170	2313	85	Plant Examination Fee	
1314	650	2314	325	Reissue Examination Fee	
SUBTOTAL (4)					(\$) 0

## SUBMITTED BY

Name (Print/Type) John A. Castellano Registration No. (Attorney/Agent) 35,094 Telephone (703) 668-8000  
Signature Date June 25, 2010

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.